



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6320.71B

Code 0300

25 Aug 99

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6320.71B

From: Commanding Officer

Subj: GUIDELINES FOR DO NOT RESUSCITATE (DNR) ORDERS

Ref: (a) NAVMEDCOMINST 6320.2
(b) NAVHOSP29PALMSINST 5420.5D
(c) NAVHOSP29PALMSINST 6320.92C
(d) NAVHOSP29PALMSINST 6300.1
(e) Accreditation Manual for Hospitals, Joint Commission
on the Accreditation of Healthcare Organizations
(Current Edition)

Encl: (1) DNR Declaration Note

1. Purpose. To provide policy and guidelines for writing orders not to resuscitate (DNR or "no code" order).

2. Cancellation. NAVHOSP29PALMSINST 6320.71A.

3. Background. The routine application of cardiopulmonary resuscitation and advance cardiac life support has often raised serious questions regarding the appropriateness of attempting resuscitation of every patient who suffers an arrest. References (a) through (e), and this instruction, establish a clearly delineated decision-making process, identify the appropriate decision makers, and provide criteria for making such decisions. To ensure compliance with all appropriate laws and regulations relative to these orders, a system of review has been established as described in reference (b).

4. Policy. The policy of the Navy Medical Department and this command continues the maintenance of life and health in conformity with the highest ethical and medical standards, while reserving the autonomy of patients, their families and Medical Department personnel.

5. Definitions. Reference (a) contains definitions often used in discussion of DNR orders.

6. Procedures for Writing DNR Orders

a. Only physicians with staff privileges at this command may write DNR orders.

b. The decision to forego resuscitative efforts is clearly a significant clinical event which must be fully documented on the Doctor's Orders (SF-508.) The justification for such an order must be clearly stated by the physician on the DNR Declaration Note, enclosure (1), using the applicable decision-making process described in reference (a), as appropriate. The documentation shall include:

(1) A statement indicating condition (reversibility or irreversibility, physical status (repairability or irreparability), mental status (competent, incompetent, or diminished competence,) and prognosis (death imminent, non-imminent or terminally ill.)

(2) A summary of patient and family involvement, including their attitudes and responses. Supporting documentation such as described in reference (a), should be made a part of the patient's chart if not already present.

(3) An optimal care treatment plan takes into consideration the patient's right to dignity and privacy, pain relief, and religious or moral beliefs.

c. Orders must be clearly written, signed, dated, timed and immediately brought to the attention of the shift charge nurse. Verbal or telephone orders will not be accepted.

d. The physician's discussion with the patient or family shall be documented in the progress notes and witnessed, with a countersignature, by a registered professional nurse, chaplain or psychologist.

e. Review of all DNR orders will be accomplished per reference (b), and must be done within 24 hours.

7. Action

a. Attending Physicians shall:

(1) Consider the institution of the process of this instruction, whenever their patients enter the terminal phase of a terminal illness, so that prudent decisions may be made.

(2) Note continued status of DNR in the progress notes every 24 hours.

(3) Expeditiously notify the Chairman of the Bioethics Review Committee of the institution or discontinuation of DNR orders.

(4) In the event of a disagreement or concern, notify the Chairman of the Bioethics Review Committee.


b. All Attending Registered Professional Nurses, Chaplains and Psychologists shall:

(1) Witness the physician's discussion with the patient and family and cosign the written progress note.

(2) In the event of a disagreement or concern, notify the Chairman of the Bioethics Review Committee.

8. Applicability. This instruction is applicable for all personnel aboard Naval Hospital, Twentynine Palms, California and the Branch Medical Clinic China Lake.

9. Forms. Doctor's Orders (SF-508) and DNR Declaration Notes may be obtained through Central Files.



J. M. HUBER

Distribution:
List A

DNR DECLARATION NOTE

1. SUMMARY OF HISTORY AND PERTINENT FINDINGS (including whether condition is reversible or irreversible and physical status is repairable or irreparable):

2. MENTAL STATUS:

Level of alertness: _____

Orientation (person, place, time, and situation): _____

Thought process: logical, goal-directed____ Other (describe)_____

Thought content (including any suicidal ideation): _____

Mood (e.g. euthymic, depressed, anxious): _____

Memory: Short-term - intact_____ impaired_____

Long-term - intact_____ impaired_____

Patient's description of meaning of DNR status: _____

3. LEVEL OF COMPETENCE:

_____Competent _____Incompetent _____Diminished Competence

Rationale for specific determination of capacity: _____

4. PROGNOSIS:

_____Death imminent _____Death non-imminent _____Terminally ill

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5. Summary of patient and family involvement in DNR decision process (including statement of who requested DNR status and what illness or event prompted that request):

6. Do patient and family agree with the DNR decision? (If not describe): _____

7. Optimal care treatment plan: _____

8. Does the patient have a living will? _____

9. Does the patient have a durable power of attorney for health care? _____

10. Summary of consultation with other providers (if applicable): _____

11. Additional comments (use opposite side, if needed):

| | | |
|-----------------------------------|--------------------|--------------------|
| _____ Physician's Name (Print) | _____ Signature | _____ Date/Time |
|-----------------------------------|--------------------|--------------------|

| | | |
|--------------------------------|--------------------|--------------------|
| _____ Witness' Name (Print) | _____ Signature | _____ Date/Time |
|--------------------------------|--------------------|--------------------|

Chair, Bioethics Review Committee notified by:

| | | |
|-----------------------------------|--------------------|--------------------|
| _____ Physician's Name (Print) | _____ Signature | _____ Date/Time |
|-----------------------------------|--------------------|--------------------|

Chaplain (print name) _____ notified by:

| | | |
|---------------------|--------------------|--------------------|
| _____ Print Name | _____ Signature | _____ Date/Time |
|---------------------|--------------------|--------------------|

Enclosure (1)